

STATEMENT OF ORGANIZATION

OFFICE USE

1. Name and Address of Committee

Medicine Louisiana
P.O. Box 45171
Baton Rouge, LA 70895

2. Date of this Statement

1-31-14

3. Estimated Membership

20

4. Amended Statement?

Yes ☒ No

PAC
S/O
3/18

86820
1054

14003283

Check If:

New Committee _____ Monthly Filer

5. All Committee Officers and Directors (including Chairperson, Treasurer, if any, and any other committee officers and directors)

a. Name

b. Position

c. Address

Dr. Steve Spedale

Chairperson

P.O. Box 45171

Dr. Dale Coffman

Treasurer

Baton Rouge, LA 70895

6. Affiliated Organizations

(Any organization, other than a political committee, which directly or indirectly established, administers, or financially supports this committee.)

a. Name

b. Address

c. Relationship to Committee

7. All Depositories for Committee Funds (committee funds must be deposited in one or more banks or savings and loan institutions or money market mutual funds.)

a. Name

b. Address

Chase Bank

457 Florida St.

Baton Rouge, LA 70801

8. IF THIS COMMITTEE SUPPORTS A SINGLE CANDIDATE: a. Check one: _____ Principal Campaign Committee _____ Subsidiary Committee

b. Name of Candidate

c. Office Sought by the Candidate

9. a. Name of Person Preparing Report Laura Veazey

b. Daytime Telephone 504-432-0293

10. WE HEREBY CERTIFY that the information contained in this STATEMENT OF ORGANIZATION is true and correct to the best of our knowledge, information and belief.

This 31 day of January 2014

Signature of Committee Chairperson

Daytime Telephone Number

Signature of Committee Treasurer, if any

Daytime Telephone Number

24 MAR 3 AM 10:03

225-928-2555

225-978-7889